

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Jun 19, 2008

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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|---|
| WELL API NO. 30-045-35460 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-11479-59 |
| 7. Lease Name or Unit Agreement Name State Gas Com A |
| 8. Well Number 1E |
| 9. OGRID Number 217817 |
| 10. Pool name or Wildcat Blanco Mesaverde / Basin Dakota |

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
P.O. Box 4289, Farmington, NM 87499-4289

4. Well Location
 Unit Letter **N** : **700** feet from the **South** line and **1360** feet from the **West** line
 Section **36** Township **31N** Range **12W** NMPM **San Juan County**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 5880' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| | |
|--|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | OTHER: <input checked="" type="checkbox"/> GRU 1 st Delivery 12/31/14 |

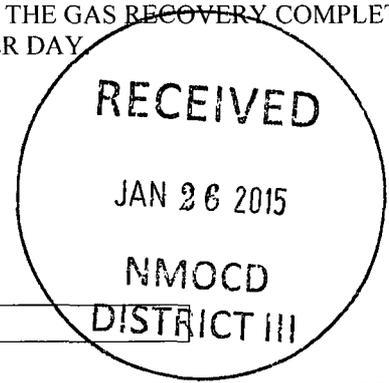
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well first delivered on 12/31/14 and produced natural gas and entrained hydrocarbons of 16,208 mcf.

NOTE: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING GAS ON THE MV 12/31/14, MV & DK FLOWING TOGETHER ON 1/6/15. FINISHED THE GAS RECOVERY COMPLETION ON 1/10/15. PRODUCED FOR 10 DAYS WITH AN AVERAGE OF 1621 MCF PER DAY.

TP: N/A CP: N/A INITIAL MCF: 16,208 MCF.

METER NO.: 91-132 GAS CO.: ENTERPRISE



Spud Date:

Rig Released Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dollie L. Busse TITLE Staff Regulatory Technician DATE 1/26/15

Type or print name Dollie L. Busse E-mail address: dollie.l.busse@conocophillips.com PHONE: 505-324-6104

For State Use Only

ACCEPTED FOR RECORD

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

AV